

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Friends of Lois Capps																							
ADDRESS (number and street) P.O. Box 23940																							
CITY, STATE, and ZIP CODE Santa Barbara CA 93121																							
2. NAME OF CANDIDATE Lois G Capps		3. OFFICE SOUGHT (State and District) House CA 24																					
		4. FEC IDENTIFICATION NUMBER C00331389																					
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px; vertical-align: top;"> A. FULL NAME, MAILING ADDRESS AND ZIP CODE Beth Green 279 King James Court Goleta CA 93117 </td> <td style="width: 20%; padding: 5px; vertical-align: top;"> Name of Employer Loma Linda University Medical Center Transaction ID : C9360317 Occupation RN-Retired </td> <td style="width: 15%; padding: 5px; vertical-align: top;"> Date (month, day, year) 05/24/2014 </td> <td style="width: 25%; padding: 5px; vertical-align: top;"> Amount 1000.00 </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> B. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px; vertical-align: top;"> Name of Employer Occupation </td> <td style="padding: 5px; vertical-align: top;"> Date (month, day, year) </td> <td style="padding: 5px; vertical-align: top;"> Amount </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> C. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px; vertical-align: top;"> Name of Employer Occupation </td> <td style="padding: 5px; vertical-align: top;"> Date (month, day, year) </td> <td style="padding: 5px; vertical-align: top;"> Amount </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> D. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px; vertical-align: top;"> Name of Employer Occupation </td> <td style="padding: 5px; vertical-align: top;"> Date (month, day, year) </td> <td style="padding: 5px; vertical-align: top;"> Amount </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> E. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px; vertical-align: top;"> Name of Employer Occupation </td> <td style="padding: 5px; vertical-align: top;"> Date (month, day, year) </td> <td style="padding: 5px; vertical-align: top;"> Amount </td> </tr> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE Beth Green 279 King James Court Goleta CA 93117	Name of Employer Loma Linda University Medical Center Transaction ID : C9360317 Occupation RN-Retired	Date (month, day, year) 05/24/2014	Amount 1000.00	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
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SIGNATURE (optional) Chris Reed		DATE 05/26/2014																					
<i>[Electronically Filed]</i>		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																					

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)